DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral M 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) . COUNTY b. COUNTY St, Mary's St. Mary Maryland 4 7 p MARYLAND death. b. CITY OR TOWN (if outside corporate limits, and c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 þ write RURAL and give nearest town) tely firsd in bars. Pages 1 a hours after d AND WOOK Abell Leonardtown D.O.A. Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE St. Mary's Hospital YES NO tely 3. NAME OF Middle 4. DATE Month Day DECEASED OF (Typa or print) MAXX Mae Arnold DEATH 12, Cora August within carbon 00 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH and last birthday) death certificate be Months Days Hours event, Female White WIDOWED. DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Maryland Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Effie Curry J. Woodley Buckler ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service Abell, Maryland XXX Garnett L. Arnold signed by the permit. 18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c).] physician. INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO aftending peen Conditions, if any, gave rise to immediate cause DUE TO (a), stating the undarlying the bubly certificate has causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? ospital 200 Prior 2Da, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) After th detached þ 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) (County) factory, street, office bldg., etc.) While Not Whila ō at work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 6.1. and that death occurred at 9.4.M, from the causes and on the date stated above. plnods Yen ATTENDING. STAFF DIRECTOR PHYS. PHYS. M.D. FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Leonardtown, Maryland Charles Greenwell M.D. rector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL ISpecify) Sacred Heart Cemetery Md. Bushwood. ÷ 3 OL Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 athin & Kraus W. Clarke Mattingley Leonardtown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

ON A FARM?

Year

19 61

NO F

(State)

22b. DATE

(Stata)

SIGNED

which all the same that you is Fallmon algest .d3 plomit on the 03 100 1000, 30 1200 - 200 F Franks water Smelowell J. poolet with the contract of the contract of Margaret L. arnel 48811, angland Brevel Strandog 19 -1/2 15 10 01 3 10 -11/2 Clark, Decommence Charles Creencell M.M. Boomand Translat treat because in 18141

FOR STATE MEAN THE DEPX. is necessary, director. Page TO DEPUT: EDICAL EXAMINATION of this certificate should be executed within 24 hours after deal my is necessary please execute the certificate, writing fire word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to me funers director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

	ACE OF DEATH			2. USUAL RESIDENCE (Where de	ceesed lived, If institution: Res	idence before edmission)
		Mary's	MARYLAND	Maryland	MAXXX	MAKENA V
) b.	CITY OR TOWN (in	foutside corporate limits, give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corp	orete limits, write RURAL end g	ive neerest town)
R		mpton		Bethesda 14, Mar	vland 5	59-1
d.	NAME OF HOSPIT	AL OR INSTITUTION (if not	in hospitel, give street address)	d. STREET ADDRESS	Jiana .	. IS RESIDENCE
				6905 Wilson Lane		YES NO Y
	AME OF ECEASED	First	Middle	Last 4. DATE		Dey Yeer
	ype or print)	William	Henry	Baltz OF DEATH	August 22	1961
5. SE	X	6. COLOR OR RACE 7. M			AGE (In years IF UNDER 1 YE	
Me	ale	1.79 4 4 111		Feb. 24, 1945	lest birthdey) Months De	ys Hours Min.
		ON (Give kind of work king life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTR		intry) 12. CITIZE	N OF WHAT COUNTRY?
	UDENT			Washington,	D. C. U	S.A.
	ATHER'S NAME			14. MOTHER'S MAIDEN NAME		
		Henry J. Balt	z	Helen Snyder		
		R IN U.S. ARMED FORCES? yesgive wer or deles of service	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address Hanry	J. Baltz
No		703 g1 10 W01 01 00103 01301 1100		ather Sam	e as # 2	J. Daltz
		EATH [Enter only one cause	per line for (e), (b), end (c).]		10 // 2	INTERVAL BETWEEN
		WAS CAUSED BY		Fractured Skull		ONSET AND DEATH
	203	MMEDIATE CAUSE (e)		. I ac cured DRUIT		Immed.
	Conditions if say	DUE TO				
	Conditions, if eny leve rise to immedia	te ceuse				
(1	e), steting the ur	DITE TO				
	ause lest.) (c)				
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	PERFORMED?
 3 			Multiple Injuri		A COMPANY OF THE PARTY OF THE P	YES NO K
ELL 2	Oo. EXTERNAL CA		DESCRIBE HOW INJURY OCCURED. (E	nter neture of injury In Pert I or Pert II of	item 1B.)	
	AUSE OF DEATH.		Ran off road at h	igh rate of speed		
70 -	Oc. TIME OF INJUI	RY Month, Dey, Year	20d. INJURY OCCURRED # 20e. PLA	CE OF INJURY (Home, farm, 20f. (City	or town) (County	(Stete)
WEDI	Hour e.m.	8/22/1,61	While Not While Rose	Bank Road Comp	ton, St. Mary	s, Md.
2	1. I certify th			ld an Autopsy , Inspection	X, Inquiry , a	and in my opinion
0	death resulted fi	om: Natural causes	Accident K , Suici	de, Homicide, Une	determined manner	
		2.1	0-0	CHIEF MEDICAL EXAMINER		
	ACTUAL	G/1/m.	17730-1	ASSISTANT MEDICAL EXAMIN	ER 🗍	DATE SIGNED
1	IGNATURE	e Cu arro	gen	DEPUTY MEDICAL EXAMINER	X1	8/23/61
	EXAMINER'S NAME (Type)	William D.	Boyd M.D.	Address (Street, city, town, or		-, -,, -=
	URIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCAT	ION (City, town, or country)	(State)
	rematio	n 8/24/61	Cedar Hill C	rematory Suit	land. Maryla	and
1	FUNERAL DIRECTOR		ADDRESS	248. REC'D BY REGISTE	AR 246. REGISTRAR'S SIGN	NATURE
R	lobert A	. Pumphrey	Bethesda, Mar	ryland DATE AUG 28'61	Carlley & to	inus

1 490 00 MANU MARENT POOR Long Paris 2002 2 . 1945 . 15 . do. 1 . 1545 5126 School nalah Noman Cather Fr China and F. Com in tiple inguitor II . of call a company the same word of the start of the same of t A LAND D. DON N. J. Nobelt A. Pumphrey Berneads, Maryland Authorit . A. Stradon

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO FUNERAL DIRECTOR:

VS A15 (4)

15M 9/5B

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funeral

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9544 funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission e. COUNTY b. COUNTY by the and 2 death. St. Mary's MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Ridge Life Rural Ridge Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH within Ernest Briscoe 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | X 5. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR last birthdey) WIDOWED Male 26, Colored physician 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Farmer Farm Maryland attending pl Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Randolph Briscoe Mollie Thompson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Ridge, Maryland attending physician. as been signed by the Florence Brisco 18. CAUSE OF DEATH [Enter only one garan permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (at **DUE TO** geve rise to immediate ceuse DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY use prior 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc. While Not While Hour e.m. et work et work D.M attended the deceased from. 21. | certify that (I) (this hosp deceased alive on. ATTENDING DIRECTOR PHYS. PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) Lexington Park. Maryland Ernest Rehm M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) St. KIXXX Peter Clavers

0.5 3 VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

PERFORMED?

INTERVAL BETWEEN

(County)

St. Mary's

Dev

U.S.A.

Months

e. IS RESIDENCE

Yeer

19

Hours

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

ON A FARM? YES X NO

(Stete)

Burial

Ridge,

(Stete) Maryland

24 FUNERAL DIRECTOR'S SIGNATURE

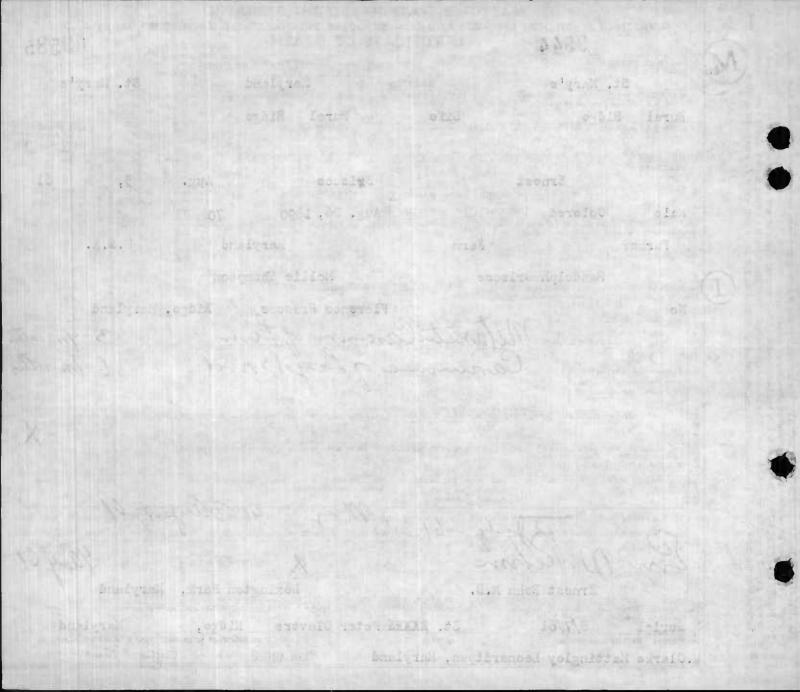
ADDRESS

25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

W. Clarke Mattingley Leonardtpwn, Maryland

DATE AUG 8

arthur S. Krans



VR A15 (4) 15M 9/60

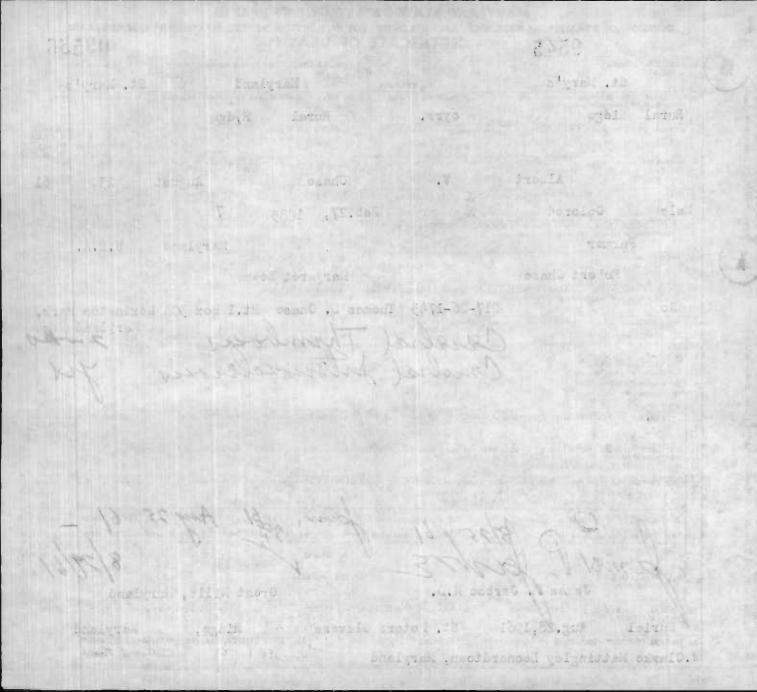
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9545 CERTIFICATE OF DEATH

09536

a. COUNTY	t. Mary's	MARYLAND	a. STATE Mar		St. Maj	
write RURAL at	(if outside corporate limits, and give neerest town)	6yrs.	c. CITY OR TOWN (I	f outside corporate limits,	write RURAL and giva	neerest town)
d. NAME OF HOS	PITAL OR INSTITUTION (if not in	hospital, give street eddress)	d. STREET ADDRESS			ON A FARM?
3. NAME OF DECEASED (Type or print)	First Albert	Middle V.	Chase	OF DESTH	Month Dev	Year 19 61
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In lest birth	yeers IF UNDER TYEAR	IF UNDER 24 HRS.
Male	Colored wipo	WED 🔭 DIVORCED 🔲 🗗	eb.27, 1883	70	(rs. Months Days	Hours Min.
done during most of w	TION (Give kind of work vorking life, avan if retired)	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & Stete, or foreign cou		MHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
I	Robert Chase		Margaret I	Beam		
	VER IN U.S. ARMED FORCES? (If yes give wer or datas of service)	16. SOCIAL SECURITY NO. 17.			idrass	Mar Line
No	(II yes give wer or datas or service)	217-26-1743 Tho	mas L. Chase	Rt. 1 Box 2	OA Laringto	n Paft
Conditions, if or gave rise to imme (a), stating the ceuse last.	diete causa underlying DUE TO	Carobral (Alario de De De LEBANDO	COLOROSE CONDITION	ON GIVEN IN PART ((a))	JUS,
PART II. OTH OTH OTH OTH OTH OR CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION	EK SIGNIFICANT CONDITIONS C	STATE OF THE STATE OF THE	T KEENTED TO THE TERMIN	THE DISEASE CONDITION		PERFORMED?
200. ACCIDENT OR CONTRIBUTION	WAS UNDERLYING [] 20b. [G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED). (Enter nature of injury in	Pert I or Part II of itam 18	.)	
20c. TIME OF IN. Hour a.m.	. W		CE OF INJURY (Home, fern lory, street, office bldg., etc.		(County)	(Stete)
1 .//.	that (I) (this hospital) att	olded the deceased from.	death occured at 3	1961, to	/	
22a. SIGNATURE	ned la	WIE	ATTENDING PHYS.	MED. STAFF	0 8/	22 V. DATE SIGNED
NAME (Typ	11	boe M.D.		Freat Mills,	Maryland	
23a BURIAL, CREMA REMOVAL (Spacif Burial	TION, 23b. DATE THEREOF (Y) Aug. 28.1961	St. Peters	OR CREMATORY	Ridge		(State)
24 FUNERAL DIRECTO		ADDRESS	2Se. REC	D'D BY REGISTRAR 256	. REGISTRAR'S SIGNA	TURE
W.Clarke Ma	attingley Leonar	rdtown, Maryland	DATE S	EP 1 '61	arthur S. The	uca



carbon pue physician remove signed by burial-transit peen : has Sertificate har use as the t After DIRECTOR: Af shoule 3 death. Page

VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 9546 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If instift e. COUNTY e. STATE MARYLAND St. Mary's St. Mary's Maryland b. CITY OR TOWN (if outside corporata limits, c. CITY OR TOWN (If outside corporate fimits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 Rural Loveville Rural Loveville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) 3. NAME OF 4. DATE Middla DECEASED (Typa or print) DEATH Baby bov Dickerson August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH last birthday) Months WIDOWED [DIVORCED Male August 22.196] 10e. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY! 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Paul M. Dickerson Vincina C. Somerville 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yas, no, or unkown) | (Ifyasgiyawarordatasofsarvica) Father Same as 18. CAUSE OF DEATH [Enter only one cousa per lina for (a), (b), and (c).] I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)] 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part tt of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, 1 (County) 20c. TIME OF INJURY Month, Dey, Yaar factory, straet, offica bldg., atc.) Not Whila Whila Hour a.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from..... saw the deceased alive on 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Gill Leonardtown, Maryland

23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY St. Aloysius

23d. LOCATION (City, town or county) Leonardtown.

Md.

a. IS RESIDENCE ON A FARM? YES NO

61

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? NO .

(State)

22b. DATE

(Stata)

SIGNED

Days

U.S.A.

ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley Leonardtown, Maryland 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE RFP 1 8 '61

arthur & Kraus

4100365 X V 0

MEDICAL

2 . 4112 hysia . Tale Film & 2.95-9/18/61- MB-Stillbrick distroyed - Should be death-William C. Company the and the protein and Maria Miss - The Assess As Constitution and constitution of autegold . To N - 10 colo W. Clark Cartiffich I committeen, Mergania

MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission b. COUNTY « MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) , ECNARDTOW N .5 d. NAME OF HOSPITAL OR, INSTITUTION (if not in hospital, give street address) 3. NAME OF 4. DATE Middle Last Month DECEASED OF (Type or print) DEATH carbon NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR and last birthday) Months WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & Stete, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyes givawar or detes of service) ATHEK. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of itam 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20th INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, Month, Dey, Year 2Df. (City or town) factory, street, office bldg., etc.) While DIRECTOR: 3 should be det 21. I certify that (I) (this hospital) attended the deceased from... 19....., and that death occured a from the causes and on the date stated above SLGNATIURE ATTENDING STAFF DIRECTOR PHYS. PHYS. TO HOSPILI death. Page TO FUNERAL I director, page 3 be filed with the M.D. 22d ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 235 DATE THEREOF

VR A15 (4)

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AUG 3 1 '61

25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATUR

(County)

. IS RESIDENCE ON A FARM? YES NO X

Yeer

19

Hours

INTERVAL SETWEEN ONSET AND DEATH

> PERFORMED? NO M

> > (Stata)

(Stete)

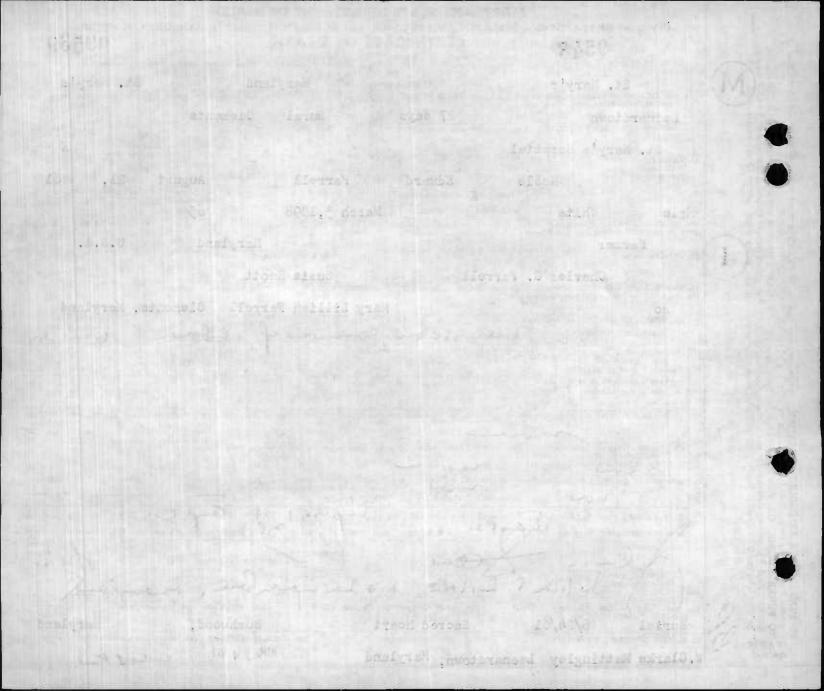
IF UNDER 24 HRS.

RESUR. . W Carried States of States o erika erikara de tahun d AN LAND HOLL LED LAND LEST OF

TO HOSPITA OR ATTENDING A SICIAN: The law requires that the death certificate be executed within 24 hours after the death. Page has be retained by, tospital or attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conceeding in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defail. within 24 hours after

	DIVISION	OF STATISTICAL			TE DE	PARTMENT			H BALTIMO	DE 1 /	MARYI	AND	
F	DIVISION	9548	RESEA		CAT	E OF DEA		,	DALIIMO		():	353	9
	PLACE OF DEATH					2. USUAL RESID	ENCE (W	here dec	eased lived, If I		: Residenc	e before e	dmission)
	St.	. Mary's		MARYI	AND	Mai	rylan			S	t. Ma		
	b. CITY OR TOWN (if	f outside corporete limits give nearest town)	,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOW	'N (If outsi	ide corpor	ete limits, write	RURAL a	nd give n	eerest tow	n)
	Leonardto			27 day	8	Rura	L	Clem	ents				
3		AL OR INSTITUTION (if		pital, give street addre	ss)	d. STREET ADDRI	SS						SIDENCE FARM?
3.	NAME OF	First	~~	Middle	_	Last		DATE	Month		Dey	Year	
	DECEASED (Type or print)	Noble		Edward		Farrell		OF DEATH	Augus	ŧ.	21.	19	51
5.	SEX	6. COLOR OR RACE			В	. DATE OF BIRTH		9.	AGE (In yeers			IF UNDER	the second second
N	Male	White	WIDOWE			arch 3,1898	3		63yrs.	Months	Deys	Hours	Min.
100	. USUAL OCCUPATI	ON (Give kind of work	10b. KI	ND OF BUSINESS OR				State, or fo	reign country)	12. C	ITIZEN O	WHAT	OUNTRY?
ac	Farme	rking life, even if retired	'				М	aryl	and		U.S.	A .	
13.	FATHER'S NAME	71				14. MOTHER'S MAIL		M					
		Charles C.	Farr	-11		Susie	Knot	.t.					
15.	WAS DECEASED EVE	ER IN U.S. ARMED FOR	ES? 16.		0. 17. 1		26110	, 0	Address		-		
(Y:		fyes give wer or detes of se	rvice)		Ma	ry Lillian	Form	וומ	Cleme	nte	Morr	hand	
-	no 1B. CAUSE OF D	EATH [Enter only one	euse per li	ne far (e), (b), end (c		Ty prirran	raii	CII	ОТОШО	11 00,		RVAL BET	WEEN
	PART I. DEATH	WAS CAUSED BY	nie	Lastare	2	onen me	al	al	Ione			SET AND I	EATH
	100 V	MMEDIATE CAUSE (+)_					-	-					,
	1771	DUE TO					,						
	Conditions, if any geverise to Immedia									-			
	(a), stating the un	DITE TO											
	cause lest.) (c)_											
NO NO	PART II. OTHER	SIGNIFICANT CONDIT	ONS CON	TRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TE	RMINAL D	ISEASE C	ONDITION GIV	EN IN PA	RT 1(e) 19	PERFO	UTOPSY RMED?
3		~6		_							Y	ES 🗌	NO F
CERTIFICATION	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	CCURED	. (Enter neture of injury	in Pert 1	or Pert II o	of item 18.)				
CAL	20c. TIME OF INJU		20d. I	NJURY OCCURRED		CE OF INJURY (Home,	farm, 20	Of. (City	or town)	(C	ounty)		(State)
MEDIC	Hour a.m. ,	no 19	While at worl	at work	1	ory, street, office bldg.		*				- 1	
	21. I certify the	hat (I) (this hospita	attend	ded the deceased	from.				ange				
	saw the deceas	ed alive on	and a	19.6 \., a	nd that	death occured a	1	, from	the tauses	and on	the da	te state	
	226. SIGNATURE		X	Ou	м	ATTENDING PHYS.	MED. DIRECT	ror 🗌	STAFF PHYS.			8/21	IGNED
	22c. PHYSICIAN'S NAME (Type)	Julian	C. L	LANE	his	22d. ADDRESS	ton	Core	- , de	au	gla	Bi	
23	BURIAL, CREMATI	ON, 23b. DATE THERE	OF	23c. NAME OF CE	METERY	OR CREMATORY	23	d. LOCA	TION (City, tov	wn or cou	nty)	(Si	ete)
	Burial (Specify)	8/24/61		Sacred H	eart		В	ushw	ood,		l.	laryl	and
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		2Sa.	REC'D BY	r REGISTR	AR 25b. REC	GISTRAR'S	SIGNAT	URE	
W.	Clarke Ma	ttingley L	eonar	dtown, Mar	ylan	d DATE	AUG	2 4 '6	51 (Triling	8. th	4	



DIVISION OF STATISTICAL RESEARCH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9549 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY the d 2 MARYLAND b, CITY OR TOWN (if outside corporate lim c. LENGTH OF STAY IN 16 and c. CITY OR TOWN (If optside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) þ LISONARDTOWN 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH carbon OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | last birthday) and GRED WIDOWED DIVORCED VIS. physician USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY foreign country) done during most of working life, even il retired) 13. FATHER'S NAME please affen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) [(Ifyes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for signed by PART I. DEATH WAS CAUSED BY: physici IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which peen (b) gave rise to immediate cause DUE TO (a), staling the undarlying has cause last. the buri PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19, WAS AUTOPSY Certificate CERTIFICATION pital as 0 prior 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) Not While factory, street, office bldg., etc.) While Hour a.m. at work at work nay be retain DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from...... plnods and that death occured from the causes and on the date stated above. saw the deceased alive 22a, SIGNATURE MED. ATTENDING STAFF PHYS. DIRECTOR PHYS. O HOSPITA death. Page O FUNERAL director, page be filed with the 22d. ADDRESS HYSICIAN'S MAME (Type) BURIAL, CREMATION, 236. DATE THEREOF OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 25e, RECHRAM 25b. REGISTRAR'S SIGNATURE

OL VR A15 (4) 15M 9/60

278141XV

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE

Year

IF UNDER 24 HRS.

ONSET AND DEATH

PERFORMED?

NO X

(Stale)

(a, that (I) (we) last

(State)

Day

Days

(County)

12. CITIZEN OF WHAT

Months |

ON A FARM? YES NO X

2464 1.1 Walvarid Teach to C Tace as the same as a same The street was the

VR A15 (4) 15M 9/60

hours after death

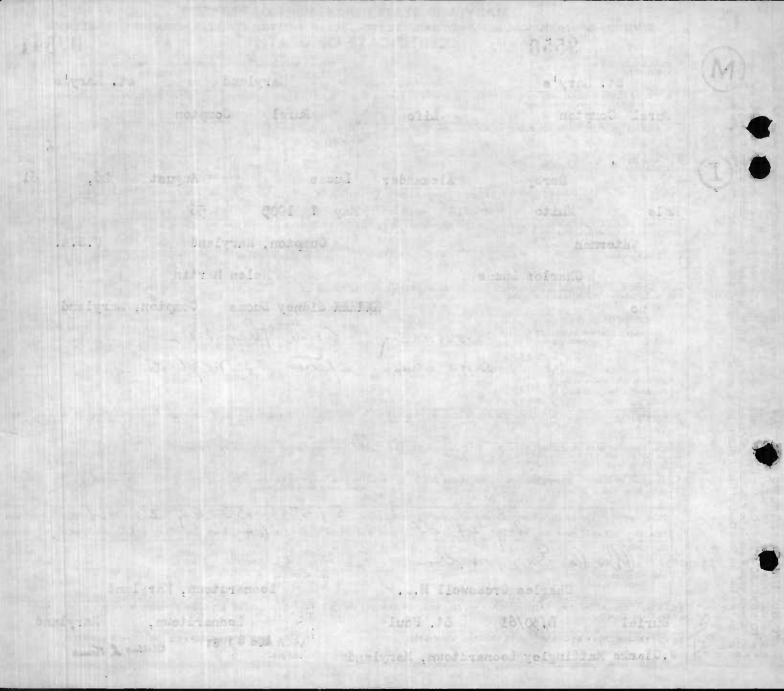
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9550 CERTIFICATE OF DEATH						
	9	550	CERT	IFICATE	OF I	DEATH

11	11	1	14	5
11	U	U	X	A
			_	-

a. COUNTY	Mary's	MARYLAND	a STATE	CE (Where deceased lived, If inst b. COUNTY	St. Mary's
b. CITY OR TOWN write RURAL a	(if outside corporate limits, and give neerest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outsida corporata limits, writa R	URAL and give nearest town)
	PITAL OR INSTITUTION (if not i		d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Typa or print)	Derby	Alexander	Lucas	4. DATE Month OF DEATH August	Day Yaar 26, 19 61
5. SEX	4.99 a 4	THE THE MICHAELE IN	May ? 1905	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS. Aonths Days Hours Min.
10a. USUAL OCCUP.	ATION (Give kind of work working lifa, aven if ratired)	Db. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Charles Lucs	18	14. MOTHER'S MAIDEN		
	EVER IN U.S. ARMED FORCES? (If yes give war or datas of service)		MAX Sidney Lu	Address Compton	, Maryland
Conditions, if a gava risa to immu (a), stating the cause last.	underlying DUE TO	Blood stream contributing to DEATH BUT NO		Tephritis	
OR CONTRIBUTION	WAS UNDERLYING [] 20b.	DESCRIBE HOW INJURY OCCURED). (Enter nature of injury in	Part I or Part II of itam 18.)	YES NO 4
20c. TIME OF IN Hour a.m			CE OF INJURY (Homa, farm tory, straat, offica bldg., atc.		(County) (Stata)
	that (I) (this hospital) a	attended the deceased from.			o, 19. , that (I) (we) last ad on the date stated above
22a, SIGNATUR 22c, PHYSICIAN	als Dreen	mell "		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
NAME (Ty	Oharles Gre	eenwell M.D.	Le	onardtown, Mary	
23a. BURIAL, CREMA REMOVAL (Spaci Burial	8/30/61	St. Paul	OR CREMATORY	Leonardtown,	Maryland
W.Clarke		ADDRESS nardtown, Marylan	25a. A19	By REGISTRAR 25b. REGIS	STRAR'S SIGNATURE



n by the funeral 24 hours after TO HOSPITAL A ATTENDING PASTICIAN: The law requires that the death certificate be executed within 24 hou death. Page by be retained by the spital or attending physician.

E TO FUNERAL DIRECTOR: After this settificate has been signed by the attending physician and company titled by the physician and company titled by the attending physician and company titled physician and com

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1951

CERTIFICATE OF DEATH

19542

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission)
st. Mary's Maryland	a. STATE Maryland b. COUNTY St. Mary's
CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give neerast town) Leonardtown 1 day	X Great Mills.
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give streat address)	d. STREET ADDRESS o. IS RESIDENCE
St. Mary's Hospital	ON A FARM? YES \ NO \ \
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer
(Type or print) Thomas Douglas	Matthews, Jr. OF August 8, 19 61
	. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Aug. 7,1961 lest birthdey) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	
done during most of working ma, even it remed)	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Douglas Matthews	Julia Ann Wood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgive war or deles of service)	NFORMANT Address
(IT es, no, or unkown) (IT yes give war or deles of service)	Father Same as # 2
18. CAUSE OF DEATH [Enter only one ceuse per line (pn(e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	mial bleding?
76045 DUE TO	a find
Care Birth Control of the Control of	
gave risa to immediate cause	
(a), stating the underlying DUE TO	
ceuse lest. (c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTINUED TO SEATH BUT IN	PERFORMED?
5 COLASCIPATE WAS INDEPENDED TO A COLUMN TO THE COLUMN THE PROPERTY OF THE PROPERTY OF THE COLUMN THE PROPERTY OF TH	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter natura of injury in Pert I or Pert II of itam 18.)
[V]	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour a.m. While Not While at work all work	ory, sheet, white oragi, etc.)
21. I certify that (I) (this hospital) allended the deceased from	7 1961, to 8 5/121, 19, that (I) (we) last
DOI MILL	death occured at
22a. SIGNATURE	22b. DATE
Most of all	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	DIRECTOR PHTS.
NAME (TYPE) J.	Mechanicsville, Maryland
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county) (Stata)
REBRY1 Specify) 8/9/61 Holy Face	Cemetery Great Mills, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W.Clarke Mattingley Leonardtown, Maryla	nd DATE AUG 21 '61
2078285 XVI	nd DATE AUG 21 611 Orthur S. Kraus

Bt. Mary a a12 ALTER USBAN · The appointment der tirel WAY E 19/8/10 19 6/8 . ALZZE SADIO CRUMANT SOUR PERSON and the state of the state of the A Charles as thingley beamer town paralles TO HOSPITAL OF STATENDING PY SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page by be retained by the spital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and company find the physician and company find the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1952
CERTIFICATE OF DEATH

1. PLACE OF DEATH					ENCE (Whare d		nstitution: Rasid	dance bafore admission
a. COUNTY	. Mary's		MARYLAND	a. STATE	marl and	b. COUN	S+ 1	Mary's
b. CITY OR TOWN (f outsida corporeta limits,	c. LEN	NGTH OF STAY IN 16		ryland VN (If outside corp	oorata timits, writa		
	giva naarast town)		1:0	X Rural	T-11	Titub		
	ll Timbers TAL OR INSTITUTION (IF	not In hospital, giv	40years	d. STREET ADDR		Timbers		e. IS RESIDENCE
			o mod oddiow,					ON A FARM?
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	D	Day Yaar
(Typa or print)	Marie	Hel	lene	Meatvard	DEATH	August	20.	1961
5. SEX	6. COLOR OR RACE 7	. MARRIED N	EVER MARRIED	8. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 YEA	AR IF UNDER 24 HRS.
Female		WIDOWED T	DIVORCED	Oct. 22,188	37	73 yrs.	Months Day	rs Hours Min.
10a. USUAL OCCUPAT	ION (Giva kind of work		BUSINESS OR INDUS	TRY 11. BIRTHPLACE (foreign country)	12. CITIZEN	N OF WHAT COUNTRY
House wi	rking life, even if ratirad)			Tell a cha	in out on T	0	TT	C A
13. FATHER'S NAME		-		14. MOTHER'S MAI	ington, I	J. U.	U	S.A.
	7 7			W	. T			
15. WAS DECEASED EV	ER IN U.S. ARMED FORCE	FS? LIG SOCIAL	SECURITY NO. 17.		y Jueneme	Address		
(Yes, no, or unkown) (I	fyas give war or dates of sar	vica)						
No			ne F.	Archibald Me	eatyard 9	7508 Page	Ave,	Alta Vsta
	EATH [Entar only ona c	ausa par lina for (a), (b), and (c).)	Bethesda,	Maryland	1		ONSET AND DEATH
	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Obron	INFARC	TION OF MY				
11201	DUE TO							
Condition	11.15	A TOPIE	DD TOGOT BBC	MTA AADBNAE	WILDOW A	OCTO		
Conditions, if any gava risa to immadi		ART	ERIOSCLERO	TIC CORMAN	Y THROMB	COTO		
(a), stating tha u	DUE TO						0.00	
causa lest.) (c)							
PART II. OTHER	SIGNIFICANT CONDITION	ONS CONTRIBUTI	NG TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIVE	EN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
K								YES NO
PART II. OTHER 208. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY		20b. DESCRIBE H	OW INJURY OCCUR	ED. (Enter natura of injur	y in Part I or Part I	I of itam 18.)		
OR CONTRIBUTING	CAUSE OF DEATH							
		20d. INJURY	OCCUPPED 1 200 P	LACE OF INJURY (Homa	farm 1 20f (Cit	y or town)	(County)) (Stata)
20c. TIME OF INJU	Monnin, Day, Tees			ctory, streat, offica bldg.		, 0, 10,	(600)	(0.0.0)
Print.	19	at work a						
21. I certify t	hat (I) (this hospita	I) attended th	e deceased from	OCT. II.	I(1958, to	AUG.	2019.6.	that (I) (we) la
saw the deceas	sed alive on	AUG 20.	19. 6I and th	at death occured a	9 AM, from	n the causes	and on the	date stated above
22a. SLEW JURE	n a							22b. DATE
Wa	Wa X/10	enne	el	M.D. PHYS.	MED. DIRECTOR	STAFF	8	1711 SIGNE
22c. PHYSICIAN'S	w,	- 00-		22d. ADDRESS				-116/
NAME (Typa)	Charles Gr	neenwell	M D		onardtown	n Maryle	and	
			NAME OF CEMETERY			ATION (City, tow		(Stata)
REMOVAL (Specify)	ON, 23b. DATE THERE						in or county)	
Burial	Aug. 23,	1961 St.	George Ep			ley Lee,		Md.
24 FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS		REC'D BY REGIS			
W.Clarke M	attinglev I	Leonardto	own. Marvl	and DAT	MIG 2 4 '6	1 a	thun I. H	rand

Styrok .ts and the little of the same CONTROL PT III. Land Canagada the land the best of the local state of the local s 1111 . H. G., not you had not be a line of the dipopularity 2 MEN BELL OUT OF I SOME DIRECTOR SERVICEDA. Burgarian , member The Carlot of the St. Hollowskill (1997) THE DON'T IN HOLD DINGERALISING THE 13, 22, 23, 20, 21 AUG 26, 61 112116 was Line more appeals. Large and the carpet of 1001, in . The Tribe andy sall , moferance! Leonardton . Harytens

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9553 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) e. COUNTY e. STATE b. COUNTY St. Mary's Maryland St. Mary's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 24 hrs Callaway Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Mary's Hospital YES NO X NAME OF Middle Last 4. DATE Month DECEASED OF Baby Girl Nelson 61 (Type or print) DEATH 19 Aug. 2. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months I Hours Min. Fenale WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Maryland U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph P. Nelson Phylis Ann Keadman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) | (If yes give war or dates of service Father Same as 2 18. CAUSE OF DEATH [Enter only one cause per line for (a)] (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO (b) geve rise to immediate ceuse DUF TO (e), stating the underlying ceuse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY CERTIFICATION \$ Q PERFORMED? NO F prior 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) . After ... MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. at work et work that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from... MM, from the saw the deceased alive on. and that death occured at ... causes and on the date stated above 220. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Great Mills. James P. Jarboe M.D. Maryland 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY (State) St. George Valley Lee Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATES 1 5 '61

arthur & Traces

W. Clarke Mattingley Leonardtown, Maryland

2178191XV

director, p VR A15 (4) 15M 9/60

DIREC

funeral

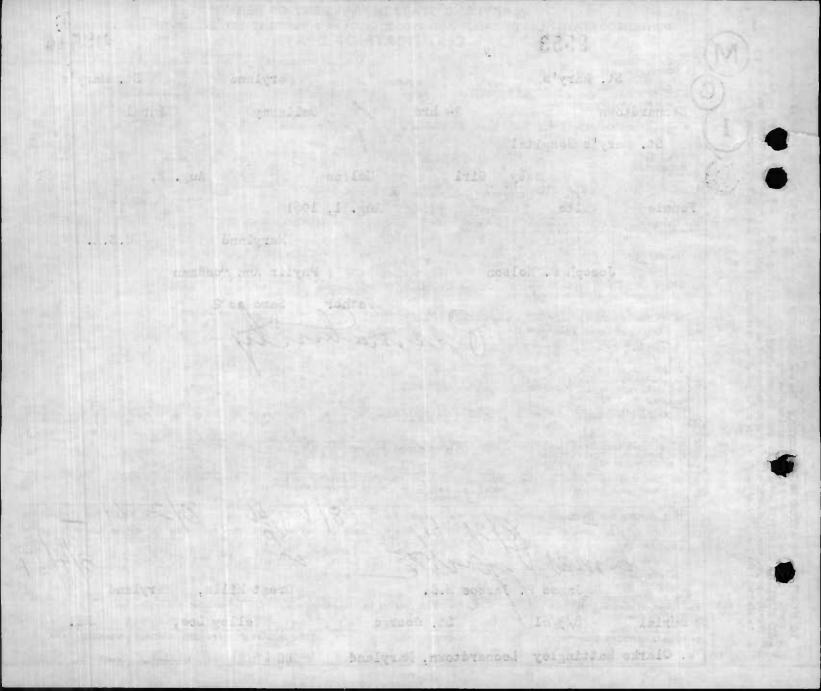
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been signed has been signed burial-transit

certificate har



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9554

09545

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE D. COUNTY D. STATE	
o. COUNTY St. Marys MARYLAND O. STATE Maryland b. COUNTY St. Mg	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give near Rural and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give near Rural and give nearest town) Ridge	rest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION St. Marys Hospital Rural	e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print) Infant Girl Simmons Last OF DEATH August 2	y Year 19 6]
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12 B. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED 7/29/61 9. AGE (In years lost birthday) Wonths Days 3	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF Maryland	WHAT COUNTRY
13. FATHER'S NAME	
Johnie W. Simmons Louisa Thomas 1s. was deceased ever in u. s. armed forces? 16. social security no. 17. Informant Address (Yes, no. or unknown) (If yes, give war or dorles of service) Johnie W. Simmons - Ridge, Md.	
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 20a. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Efter nature of injury in Part 1 or Part II of Part III.)	9. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While at work of twork for or work foctory, street, office bldg., etc.) 20e. PLACE OF INJURY IHome, form, foctory, street, office bldg., etc.)	(Stote
21. I certify that (I) (this haspital) attended the deceased fram. 19	22b. DATE SIGNEL
Burial 8/2/61 Mt. Zion Cemetery Lexington Park, Md.	•

VR A15 (4) 1SM 9/59

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TO HOSPITAL

